DOCUMENT RESUME

ED 413 559 CG 028 155

AUTHOR	Mitchell, Carole; Bone, Mike
TITLE	Tackling Drugs Together: Addressing the Issues in the FE Sector. FEDA Paper.
INSTITUTION	Further Education Development Agency, Bristol (England).
ISSN	ISSN-1361-9977
PUB DATE	1997-00-00
NOTE	50p.
PUB TYPE	Reports - Research (143)
JOURNAL CIT	FE Matters; v1 n18 1997
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Administrator Attitudes; College Administration; *College Environment; College Students; Drug Use; Foreign Countries; Higher Education; *Illegal Drug Use; *National Surveys; Profiles; Program Descriptions; *Student Attitudes; Substance Abuse
IDENTIFIERS	*Further Education Unit (England)

ABSTRACT

This report presents a Further Education Development Agency (FEDA) survey of 489 colleges throughout England, Wales, and Northern Ireland, along with an in-depth study of 30 of these schools. The report focuses on the extent of drug-related problems in colleges, the key issues emerging from colleges' experiences in dealing with drugs, and examples of good practice. It opens with background information on collegiate drug use, which includes context and prevalence; drug knowledge; and attitudes toward drugs. Findings show that young people perceive adults, especially parents and teachers, as being uninformed about drugs and their effects. Furthermore, college administrators, when asked to estimate the extent of drug abuse/misuse in their local communities and institutions, mostly believed drug problems to be worse in the surrounding communities than on their campuses. The report offers further details on college initiatives, counseling services, community agency links, particular drug-related problems, college policies, and issues and concerns. In-depth analysis is provided on results of the 30 telephone interviews, and ways in which colleges can reduce drug problems are presented. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

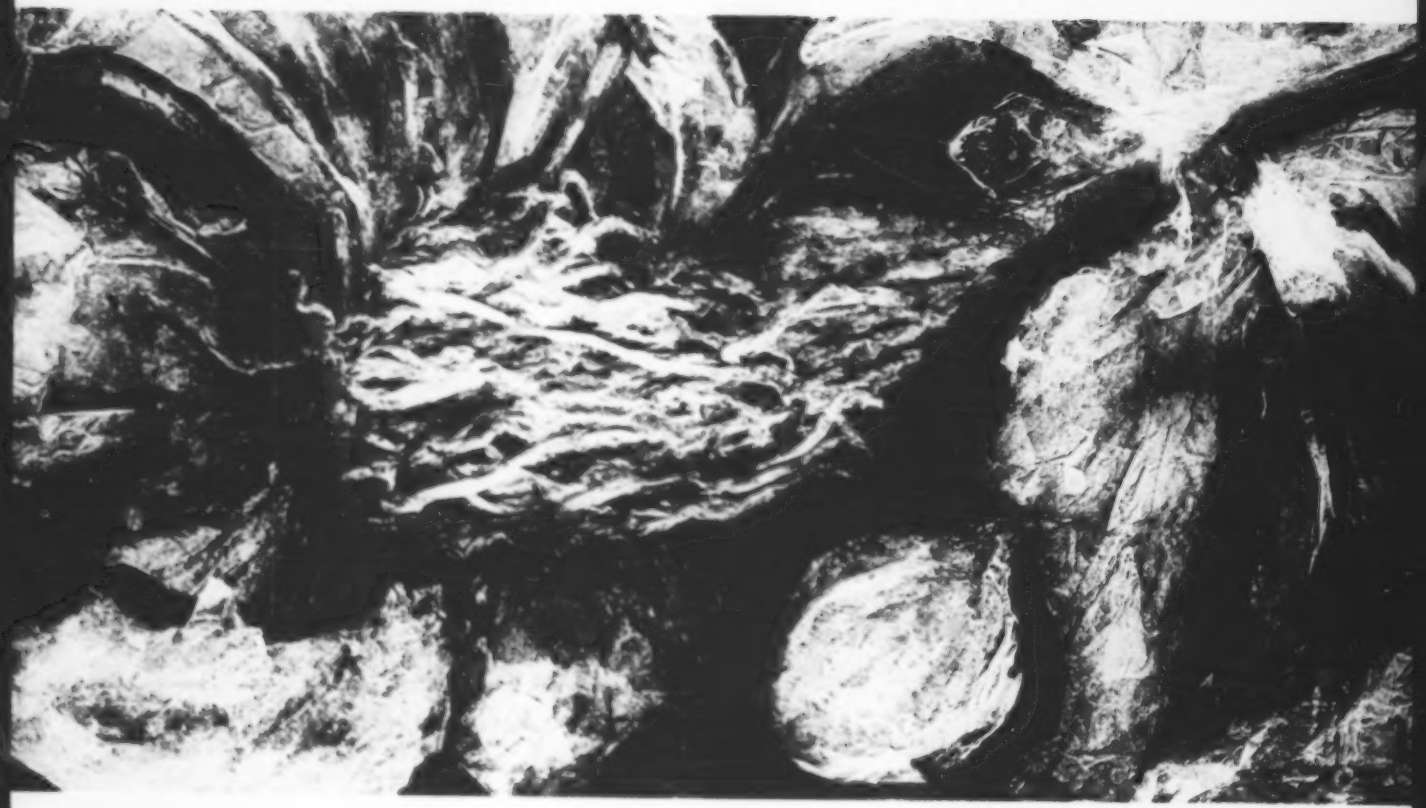
ED 413 559

FEDA Further Education Development Agency

Tackling drugs together: addressing the issues in the FE sector

Carole Mitchell and Mike Bone

Volume 1 Number 18



FE MATTERS

FEDA Report

BEST COPY AVAILABLE

CG028155

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

S. Bourne

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

FEDA Further Education Development Agency

Tackling drugs together: addressing the issues in the FE sector

Carole Mitchell and Mike Bone

FE MATTERS

FEDA paper

About the authors

Carole Mitchell is an educational psychologist with the Lancashire Educational Psychologist Service in Burnley and a FEDA Associate. She was formerly the Yorkshire and Humberside Regional Representative for FEDA and before that Head of Professional Studies (including teacher education and training) at University College, Warrington.

She has worked at various times in all the education sectors and is professionally qualified in teaching, social work, and educational psychology.

Mike Bone is currently responsible for governor development programmes within FEDA and is a member of the secretariat for the FE Staff Development Forum. He is also involved in strategic management and the MCI and MBA programmes of management development. After five years' teaching in secondary schools he worked in tertiary and FE colleges as a lecturer, manager and governor. His experience at senior level has included responsibility for departmental management, quality, curriculum and student services.

Published by the Further Education
Development Agency
Coombe Lodge, Blagdon
Bristol BS18 6RG
Telephone [01761] 462 503
Fax [01761] 463 140

Editor: Jennifer Rhys
Designer: Mike Pope

Printed by Blackmore Limited,
Shaftesbury, Dorset

ISSN: 1361-9977
Registered charity number: 1044145
© 1997 FEDA

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, recording or otherwise, without prior permission of the copyright owner.

Acknowledgements

FEDA would like to thank the 271 colleges which responded to the FEDA survey questionnaire; the 30 colleges that participated in the telephone interviews, and in particular, the following colleges which contributed case studies at an invitational seminar:

Amersham and Wycombe College
Barnsley College
Cirencester College
Suffolk College

also to:
Chris Anderson of the Rockingham Drugs Project

Cover illustration reproduced with the kind permission of Strode College, Street, Somerset: 'Crepe paper flower' by Ros Neville, A-level Art and Design

Contents

Foreword	5
1. Background: the White Paper	7
2. The context: realities and futures	8
3. Identifying FE's problems: FEDA's college survey	11
4. The 'heart of the matter'	16
5. College case studies	23
6. The way forward for FE colleges	28
Appendix: examples of college drugs policy statements	32
References	48
Contacts and resources	48

Foreword

Drug misuse is one of the most serious and insidious problems facing society today. Its prevention, treatment, control or cure is the concern of numerous public and voluntary agencies, with varying records of success.

Tackling the problem of drugs is a particular challenge to the further education sector: it is usually our 'patch' — during the period of late adolescence — that young people want most to make their own choices.

As educators, we guide our students through the maze of facts and skills, information and qualifications, aiming to bring out in them the very best that each is capable of achieving. It is while in college that they are asked — many for the first time in their lives — to 'learn to learn', to take responsiblity for their own learning, to think for themselves, to observe, experiment and question, and to draw on their own experience and to reach their own conclusions.

One arena where many young people choose to assert their independence, their disregard for authority and their right to 'experiment' is in the use of drugs.

Drug misuse can be a significant factor underlying a range of issues which affect colleges and their students — from under-achievement, poor motivation and truancy, to crime, challenging behaviour and mental and physical health problems.

Students spend at least two-thirds of their lives outside of colleges, in their communities. They may be exposed to drugs anywhere. But the presence of drugs and alcohol in a college is, by nature, clandestine. The related problems are often hidden. Few colleges keep records of drug-related incidents. It is understandable, therefore, that the drugs issue is too often seen as 'non-educational', more significant outside the college than within — a problem to be referred elsewhere. Yet, in countless ways our students' involvement with drugs serves to undermine colleges' day-to-day primary responsibility to help students prepare for their future.

It is an educational issue to help our students to make positive life choices, and to overcome the obstacles which prevent them reaching their educational and career goals. Students' misuse of drugs is an issue that colleges cannot ignore.

How widespread a problem is this for colleges? What can colleges do about their students' involvement with drugs? How do they tackle the issue now?

This report — based on a comprehensive FEDA survey of 489 colleges throughout England, Wales and Northern Ireland, and an in-depth study of 30 of them — identifies the extent of drug-related problems in colleges, the key issues emerging from colleges' experiences in dealing with drugs, and examples of good practice.

Stephen Crowne
Chief Executive, FEDA

1. Background: the White Paper

The Government published the White Paper *Tackling Drugs Together*[1] in May 1995 and, as a result, FEDA undertook research to gauge the extent of drug-related problems in FE colleges. Based on that research, this paper examines the general context of drug use among young people based on national surveys (Chapter 2), then homes in on FEDA's own survey into FE in Chapters 3 and 4. Four colleges provide more detailed case studies (Chapter 5) and Chapter 6 looks at the way forward.

Given the sensitivity of the issue, the confidentiality of contributors has been respected: the only colleges named are those that appear in the case studies.

Tackling Drugs Together

The White Paper is concerned with the illegal drugs that are controlled by the 1971 Misuse of Drugs Act: these include heroin, cocaine, amphetamines, Ecstasy and cannabis. It reaffirms the Government's position that there is to be no legalisation of these drugs.

The White Paper also sets out a co-ordinated strategy to attack the drugs problem over a three-year period: the most far-reaching action plan yet prepared.

Approach and strategy

The Government's strategy is driven by a statement of purpose: to take effective action by vigorous law enforcement, access to treatment and a new emphasis on education and prevention to:

- increase the safety of communities from drug-related crime
- reduce the acceptability and availability of drugs to young people
- reduce the health risks and other damage related to drug misuse.

The statement of purpose is translated into a set of national priorities, objectives and timetables, with a series of performance indicators. This approach will be familiar to principals and college staff with experience of the FEFC(E)'s strategic planning process.

The foundation of the strategy lies in effective partnerships between agencies within a clear framework for local action.

The role of FE

FE is identified as contributing to prevention, counselling and support services for students. This might include policies for drug-related incidents, community liaison, and support through student services and tutorial provision.

College principals have a specific role to play in local delivery of the strategy where the lead will be taken by drug action teams from health, local authority and criminal justice agencies. These teams will rely on drug reference groups for local expert advice, and the White Paper suggests that college principals might be members of these 'reference' groups.

FEDA's response

FEDA identified participation and achievement as a programme area in its first strategic plan (1995). Within this area, FEDA undertakes to offer guidance on drug use by learners.

The 1996 'Tackling Drugs Together in FE' project aimed to:

- identify issues for colleges in this area
- locate and document existing good practice.

The research involved:

- desk research
- a questionnaire survey of all colleges in England, Wales and Northern Ireland
- in-depth telephone interviews in areas identified in completed questionnaires
- a seminar for college representatives to explore approaches and synthesise findings further.

The outcomes of the project included:

- an article in FEDA's newsletter *Inform*
- this publication
- dissemination events
- meetings with key stakeholders.

2. The context: realities and futures

Desk research identified two recent surveys of drug use, attitudes and behaviour of young people in England as particularly relevant to FEDA's work. *Drugs Futures: changing patterns of drug use amongst English youth*[2] published by the Institute for the Study of Drug Dependency (ISDD) and *Drug Realities — the National Drugs Campaign Survey*[3] conducted in England in September and October 1995 and published by the Health Education Authority (HEA). *Drug realities* involved interviews with 5,020 11-35 year olds assessing their general level of knowledge; knowledge of the risks, attitudes and other characteristics and the context in which people use drugs.

Taken together, the two surveys depict increasing drug use in society and an FE sector that is aware of the prevalence of drug use but may be struggling to formulate an appropriate response.

The *Drug Realities* National Drugs Campaign survey reports the following findings.

Knowledge of drugs

At least half of the respondents could spontaneously name cannabis, heroin, cocaine and Ecstasy.

Older teenagers were more aware of the drugs than younger teenagers.

The understanding of health risks associated with drug misuse is not high.

Twenty-nine per cent of the respondents were not aware of any ways to reduce harm from drug misuse.

Two-thirds of respondents had at least one friend, relative or colleague who they claimed to know had used a drug.

Attitudes towards drugs

Sixteen percent of respondents thought that taking drugs was fun and exciting, and 47% of users supported this view.

Nine out of ten people thought that people who are going to use drugs should first find out about the risks.

Nine out of ten non-users thought that all use of drugs was wrong.

Prevalence of drug use

Seventy per cent of respondents had experience of being offered drugs and 45% had used drugs.

Cannabis was by far the most commonly available and commonly taken drug.

Exposure to and use of drugs increased dramatically between the ages of 14-16 and was greatest in the 20-22 age group.

Men were more likely than women to have been offered drugs (73% v. 63%) and to have taken them (49% v. 39%).

Although 45% of the sample had used drugs, recent usage was relatively low.

Over a quarter of 11-35 year olds smoked regularly and recent drug users were more likely to smoke.

Recent drug users were more likely to drink alcohol and to feel drunk.

Cannabis and LSD were more likely to be used in early teens; late teens and early twenties were the main ages for amphetamines and Ecstasy.

Three-fifths of drug users claimed that they were likely to stop in the future.

One in six claimed they would not.

Older users (26-35 year olds) were less likely to anticipate giving up drug use.

Relaxation, stress relief and good fun were the most common likes about drugs.

The potential health risks were the main dislikes about drugs.

Combinations

Forty one percent of the drug users had used a combination of drugs or alcohol.

Alcohol was cited in the combinations used by over half of the drug users.

Sources of information

Information on drugs was most commonly obtained from TV programmes, followed by newspapers and magazines, posters in public places and friends.

Over half of the respondents were very worried about drugs as one of the problems facing the country, the issue being second only to crime.

Key themes

The authors cite three key themes — youth, drugs and crime — which are subject to prejudices and stereotypes and have been linked by some media constructions and political discourse. In reality, they find three distinct contemporary drug arenas:

- the long-term polydrug scene of heroin, methadone, tranquillisers and crack cocaine which involves predominantly males in the 20-30 age group. It is this group which is associated both with drug-crime and with treatment agencies.
- the young adult 18-25 year olds who use cannabis most frequently but also the 'dance drugs'. They are less likely to be implicated in drug-driven crime.
- adolescent users who do not feature significantly either in drug-related crime or treatment agency statistics.

It is this last group which Parker *et al.* consider in *Drug Realities*, taking a sample of 14-year-olds in the North West of England and monitoring them through a three-year longitudinal study. This study is particularly relevant for FE because it focuses on young people at the age of transition from school to college.

Key findings for the FE sector

At age 14, 36% reported having tried a drug and by age 16 the figure had risen to 51%.

The gender gap in drug use is decreasing, but young women tend to use drugs less frequently, in smaller quantities, and from a smaller repertoire.

The Asian community, and, in particular, the Asian Muslim community, is associated with relatively low rates of drug use. However, overall there was no significant relationship between drugs and race.

There is a higher rate of drug use among students in Britain than elsewhere in Europe.

There is a strong convergence between alcohol and illicit drug use.

Respondents from schools with working-class catchment areas were more likely to have tried a drug but 'it is no longer a matter of working class do and middle class don't take drugs'. In one academically successful school in a leafy suburb, one in five of the 16 year olds had used a drug in the month before the survey.

Increasing rates of drug use

This survey suggests that the following factors may be relevant in the increasing uptake of drugs:

- the availability of drugs in the neighbourhoods around a school
- the fracture of traditional moral authority; the impact of international communications; the emphasis on consumption rather than production; the impact of the global economy in creating ready availability of illicit drugs
- the integration of illicit drug use into mainstream youth culture; in magazines, music, advertising, marketing, fashion, and the language of the young.

The study concludes that adolescents of the 1990s are growing up in an environment in which drugs are increasingly available. Whether or not they become drug users is a matter of personal and peer group choice.

Conclusions

Research findings show that adults in general, but teachers and parents in particular, are not perceived by young people as being well informed about drugs and their effects. It is unlikely therefore that students will trust their teachers to provide drug education.

Non-users and users have different needs. The former may benefit from the drug education curriculum, but the latter require more information on the law, the school's (college's) policy, the effect of different drugs, health and safety, and the development of drug pathways.

Young people need to be equipped with instruments to make their own assessments about stigma, risk, health and dependency prospects.

Impartial, confidential help and advice should be available from drug services for new users as the image of drug agencies frequented by older polydrug injectors is unattractive to young users.

Recommendations

The recommendations of this study include:

- a radical rethink on the policing of drugs consumption — the authors are critical of the inconsistency of approach of police forces
- a rethinking of the role of schools in policing and drug education. Again, differences of approach in dealing with drug incidents in schools are considered unhelpful. Given the large numbers of school-age drug users, Parker *et al.* suggest there is little doubt that selling, exchanging, giving and sharing drugs will take place on school premises. Therefore schools need clear guidance so that drug incidents can be dealt with equitably and justly. (This evidently applied to colleges also.)

Finally, the authors urge educators to acknowledge that for many young people drug use has become the norm but:

> *'present* ad-hoc *responses — bland drug education, inconsistent school, disciplinary and criminal justice responses, and an absence of accessible, relevant drug information, prevention and treatment services — all widen the gulf between young and old, user and non-user.'*

Key messages for FE

- Colleges can do more to improve the understanding of health risks associated with drug use.
- The use of drugs increases dramatically between the ages of 14-16 and peaks in the 20-22 age group.
- Colleges should be aware of the preference for amphetamines and Ecstasy in the late teens and early twenties.
- 'Relaxation, stress relief and good fun' are cited as the most common likes about drugs. Can colleges look for other ways of providing these?
- Colleges can take note of the influence of newspapers, magazines, posters and friends as sources of information on drugs. The Health Education Authority (HEA) campaign posters can be used in college.
- Colleges can consider peer education as a way of tackling drugs. A college newspaper or magazine produced *by* students *for* students might be a way of addressing drug issues.

3. Identifying FE's problems: FEDA's college survey

All 489 FE sector colleges in England, Wales and Northern Ireland were sent an invitation to take part in the FEDA project, along with a briefing note on the White Paper and a questionnaire. The questionnaire sought to identify:

- the extent of drug-related problems in the college
- key issues to emerge from the college's dealings with the drug problems
- examples of good practice.

The invitation was sent to college principals who usually asked their heads of student services to complete the returns. Interest was considerable: 271 completed questionnaires were returned — a very high response rate of over 55%. Good practice was followed up in telephone interviews with 30 colleges and an invitation seminar. The findings of this initial survey are summarised here.

The extent of the problem

Colleges were asked to estimate the extent of drug abuse/misuse in their local communities and institutions. Figure 1 shows the findings.

These figures record the **impressions** of those who completed the returns and suggest that drug problems are more significant outside the colleges than inside. Follow-up interviews underlined the impressionistic nature of this data: few colleges kept records of drug-related incidents and, by its nature, drug use tends to be clandestine. As one respondent observed,

> *'We believe that alcohol/drug problems are often hidden and denied (psychologically and verbally) and often explain a variety of issues, e.g. drop-out rates, associated emotional/ welfare issues, motivational problems.'*

Equally, many students had greater access to drugs outside college during their 'free' time.

Figure 1: Extent of Drug Abuse Problems in Colleges and Communities

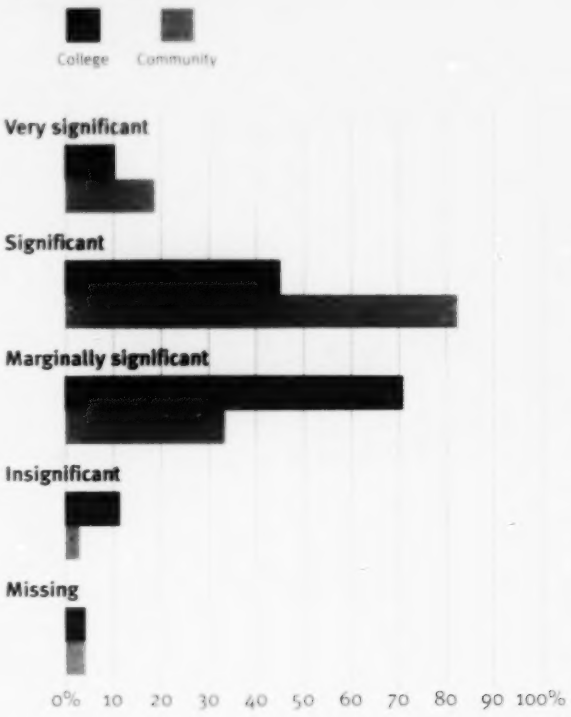


Figure 2: College responses by type of institution

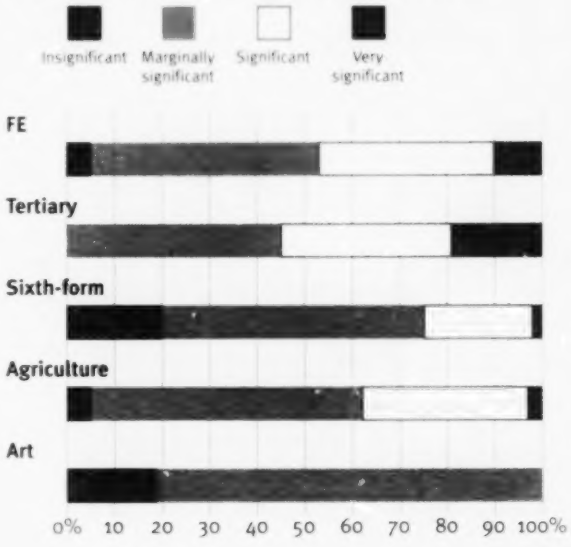
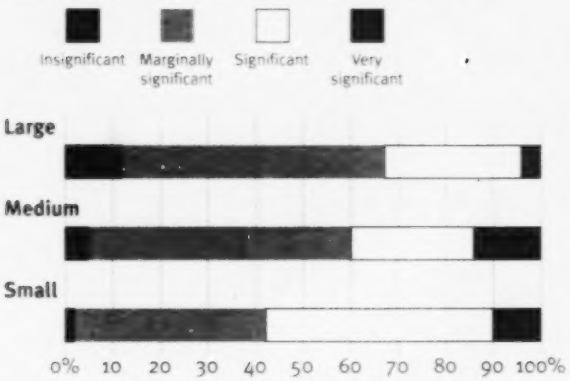


Figure 2 shows college responses according to type of institution, and Figure 3 presents the data according to size of college. It is clear that the smaller the college, the more likely it is that drug misuse will be perceived as significant.

Figure 3: College responses by size of institution



Colleges were asked to indicate approximate numbers of incidents involving breaches of rules and/or challenging behaviour which could be attributed to drug misuse or abuse. Findings are shown in Figure 4. The pattern is fairly consistent across types of colleges where drugs were thought to be involved in a majority of cases of misconduct.

Colleges were also asked to identify broad categories of students and staff involved in drug misuse/abuse during the past year. Not all groups of students are represented in all types of colleges but Figure 5 provides a summary of the responses.

Drug abuse/misuse appears to be related to younger students, and more incidents involve full-time students. Incidents involving staff were comparatively rare.

The frequency of problems related to drug abuse/misuse is summarised in Figure 6.

Figure 4: Incidents at the colleges that could be attributed to drugs

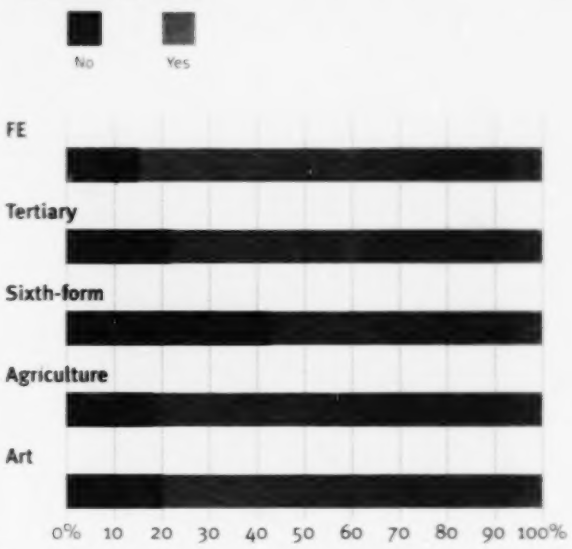
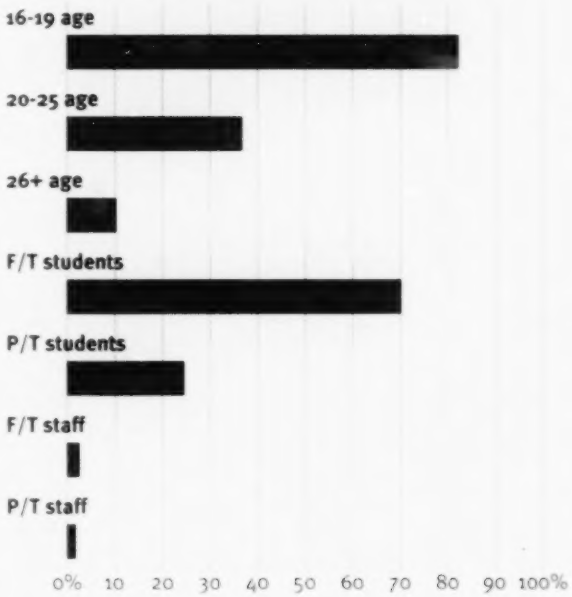
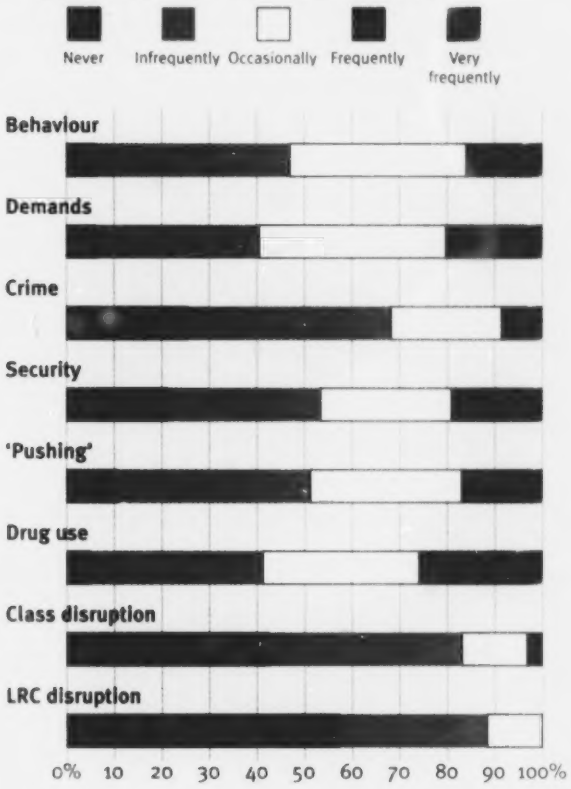


Figure 5: Groups which have included individuals involved in drug abuse/misuse



12

Figure 6: Frequency of drug-related problems



We asked respondents to group problems in eight areas of concern (see Figure 6). In addition to the above categories, 31% of colleges mentioned incidents relating to intimidation, occasional violence, threats involving money, verbal abuse, violence on public transport, anorexia, lack of concentration, absenteeism, illness, underachievement, boisterous behaviour, lethargy, poor punctuality, lack of motivation and drop-out rates.

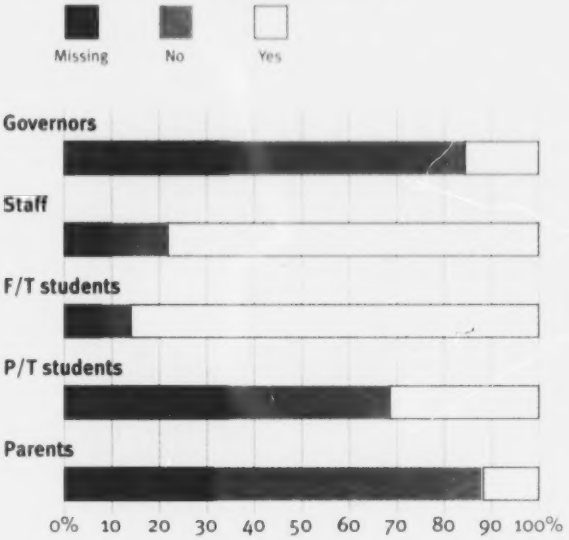
A significant issue here, and in the telephone survey, was college 'image'. In a competitive climate there are clearly tensions for colleges in acknowledging drug-related problems.

Key approaches

Awareness-raising

The next group of questions focused on college's efforts in drug education or awareness-raising. We asked for comments relating to governors, staff, full and part-time students and parents of 16-19 year olds. The situation is summarised in Figure 7.

Figure 7: Drug education for various groups



Most colleges had provided drug-awareness events or materials for staff and full-time students; fewer had done so for part-timers and a smaller percentage for governors and parents.

These initiatives included:

- governors: discussions at meetings, briefings, involvement in college policy and procedures for drug misuse (for comment and approval)
- staff: seminars, workshops, conferences, leaflets, external trainers/agencies, INSET sessions
- full-time students: part of induction programme, tutorials, workshops, through the curriculum in some areas, educational guidance and support for individuals, videos, health promotion events (visits from outside agencies — drug support unit, etc.) leaflets and posters

- part-time students: the same as full-time but to a lesser extent
- parents of 16-19 year olds: mainly awareness-raising evenings which appeared to be poorly attended.

Help for students

Colleges were asked to indicate and describe any special counselling or student support they offered to help students and/or staff with drug-related problems. They referred to visits from external agencies, general college counselling services, specialist counsellors, course tutors, welfare officers, youth workers, the college doctor or nurse and wardens.

Figure 8 shows that most colleges provide such services. The staff involved in counselling came from a wide range of initiatives, professions and roles.

Links with outside agencies

The Government White Paper emphasises a co-ordinated strategy with agencies working together to attack the drugs problem. Colleges were asked to report links or agreements with a number of agencies with an active interest in drugs. Responses are recorded in Figure 9.

The main contacts were, as expected, the police, drugs advice agencies and health services. Less than 25% of colleges have made links with other colleges and less than 20% with schools. On the other hand, in addition to the agencies identified in the questionnaire, some colleges referred to links with local voluntary groups and projects.

Figure 8: Special counselling to help with drug-related problems

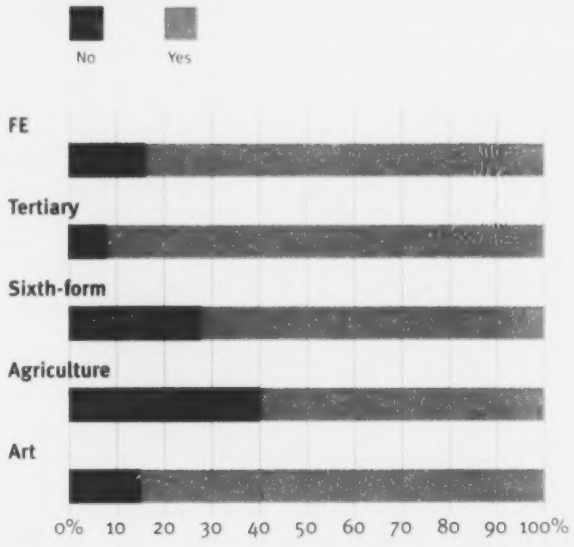
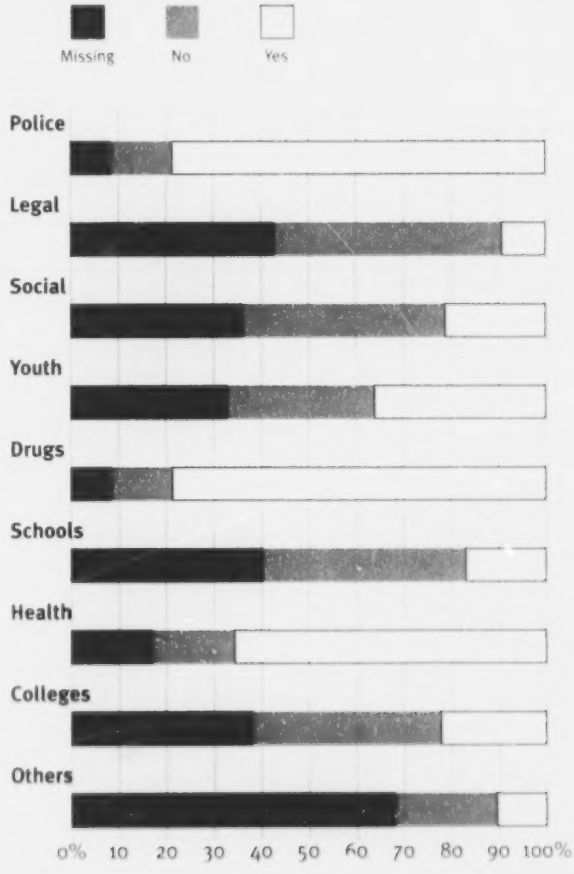


Figure 9: Links with agencies



Briefly, colleges described their links with outside agencies as follows:

- **police**: support for surveillance procedures (response to calls related to incidents), advice and assistance in staff training, information sharing on suspects, contact with local youth officers/community officers/liaison officers, informal contact, presentations to pupils
- **social services**: information sharing (links through student services/counsellors), tackling specific incidents/individual referrals, attending college and providing guidance
- **drug advice agencies**: provision of speakers for student seminars/workshops, regular college visits, supporting and providing training for tutorial and guidance staff, literature, referral of students
- **health services**: counselling support, visits, links through counsellors, help with INSET, literature, referral of students
- **legal specialists**: NACRO (the National Association for the Care and Resettlement of Offenders) and similar organisations, Citizen's Advice Bureau (CAB), but mostly the college solicitor to exclude unauthorised visitors and to provide advice on legal action and policy
- **youth services**: links with youth clubs, on-site workers, contacts with off-site youth workers, links for specific projects, informal links
- **schools**: sharing experiences/information, informal drugs liaison groups, staff participation in common training programmes, regular meetings
- **other colleges**: local networking, consultation between student counsellors, joint projects, courses, informal links
- **other agencies**: linking with voluntary support groups, projects/initiatives and national schemes (none identified as such).

Some colleges also mentioned membership of drug reference groups as set out in the White Paper.

College policies

The drafting — or agreement — of a college policy emerged as a key factor in formulating a response to drug-related issues. Colleges were asked to report on whether action was being taken at policy level.

College responses to this open question can be summarised in Figure 10.

Figure 10: Action at policy level

	No of colleges
1. Policy in place	45
2. Working on new/amending policy	88
3. No action reported	24
Total	**157**

This key issue is considered in detail later in the report (see page 20).

Plans

Finally, colleges were asked to give a brief outline of their plans for drugs issues. Many of these plans were followed up in telephone surveys but can be briefly summarised as:

- security: improvements to the security system
- information and education for students and parents: production of multimedia materials, using theatre in education, case studies of drug users
- staff awareness: events, conferences, joint awareness days and provision of materials for business support staff
- guidance and counselling: improve tutorial provision, set up or make use of specialist counselling clinics, target low achievers.

Colleges emphasised the need for a coherent and cohesive approach and a positive ethos in the college.

4. The 'heart of the matter'

In-depth telephone interviews

Thirty colleges were identified for inclusion in the second phase of the project: the telephone survey. They were selected on the basis of the following criteria:

- indications of good practice initiatives included in questionnaire responses
- a cross-section of types of institutions (although not necessarily proportionately representational)
- representatives of urban and rural communities.

We contacted the college representatives who had completed the questionnaire.

Figure 11: Colleges in telephone survey

Type		Size	
FE	17	Small	8
Sixth form	7	Medium	11
Tertiary	6	Large	11

The aim of the interviews was to explore the issues in more depth. Interviewers used a common framework for questioning and collecting information, working to the following headings:

- the college and its community
- community/agency links
- particular drug-related problems
- college initiatives
- counselling services
- policy
- issues and concerns
- major concerns
- plans.

Responses are described below under these headings. Once again they represent the perceptions of staff interviewed.

Colleges and their communities

All respondents raised issues about their geographical settings and the nature of the communities they serve. The issues are broad, but they can be clustered as follows.

Urban issues

Colleges situated in inner-city settings, large cities and large towns expressed concerns about exposure to drugs and drug dealers. They cited examples of drug dealers targeting their colleges and nearby pubs and car parks.

Socio-economic factors

High levels of unemployment, homelessness, and poverty in the areas surrounding colleges were perceived as related to drugs issues.

However, some colleges in affluent areas suggested that lack of parental awareness, parents with pressures from business and young people with money are ingredients for the development of a drugs culture.

Coastal proximity

Colleges near coasts, ports and the Continent perceived a greater availability of illegally imported drugs. One college close to a naval base has established links with HM Customs and the Royal Navy.

Split/multi-site campuses

Colleges expressed concerns about the difficulty of creating a unified college culture across sites and reported that drugs issues tended to focus on particular campuses.

Club culture/new age culture

Many colleges noted a correlation between local club nights and the behaviour of students the following day. Three colleges noted the influence of 'new age culture' on their colleges.

Image and moral panic

Many colleges expressed concerns about their image. One college observed that a local newspaper tends to 'whip up' moral panic when it identifies drug use in any organisations.

Community agency links

A few colleges reported strong, and often long-standing, links with other agencies in the community but generally there was a lack of coherence.

Drug action teams

Many colleges reported that drug action teams have been set up in their areas in accordance with the White Paper. There was a general perception at the time of our survey that the teams had not yet 'got their acts together' in terms of inclusive multi-agency arrangements and developing strategies and plans. Several respondents reported difficulties in getting agencies to act in concert, especially where they might otherwise be competitors.

Police/drugs squad links

Most colleges had established links with local police and drugs squads. There are many concerns about inconsistency in police attitudes to drug use and users. Some colleges referred to 'trade offs' with police, and undercover operations by drugs squads. Many others have involved them in drug awareness training for staff and students.

Health Service links

Most colleges had some links with local health services and health promotion units. They usually provided one-off presentations to students and/or staff, and information services. Links are generally stronger with staff and students in Health and Social Care programmes. One college has a Health Alliance-funded project, another was part of a local 'Heath for All' initiative. In one college the provision of HIV awareness training was funded by the local health authority.

Several colleges were developing links with community psychiatric services as they took on more students under the 'Care in the Community' initiative. Some of these students are using prescribed anti-psychotic drugs, anti-depressants, or tranquillisers and liaison with community psychiatric nurses (CPNs) and psychiatrists was considered helpful.

Youthwork agency links

Several colleges report using youth workers in colleges for work including drugs issues. Some colleges are employing qualified youth workers in various capacities. For example, one college had a 'student support officer' who liaised with local youth clubs, drugs agencies, etc. In another college 'student liaison officers' worked within the pastoral care system and liaised with students and local agencies. One college reported a lack of coherence as youth workers from eight different agencies worked with various student groups including ethnic groups.

Particular drug-related problems

Some specific problems were identified in relation to drugs:

Availability and use

Several colleges were aware of dealer activity on their premises, to the extent of instigating undercover operations by drugs squads. In some instances, it was suspected or known that students were dealing in a small way. In colleges with tight security there were examples of 'minimal enrolment' by dealers to gain access to the college.

The general perception was that it is mainly Class B drugs, such as cannabis, that are being used. There was also a general perception that Ecstasy, a Class A drug, is in use. A few colleges referred to finding syringes in toilets (it is possible that they had been used by diabetics).

Several colleges reported that students used hallucinogens to enhance their artwork. A few colleges reported staff using drugs to relieve stress.

Behavioural problems

Challenging behaviour which may be drug-related is a concern for many colleges. There was a general perception that staff are often unable to distinguish between adolescent behaviour, and behaviour related to drugs and/or alcohol.

A few colleges cited rare incidents of threatening and physically aggressive drug-related behaviours. Such aggression had been targeted at teaching staff, caretakers and refectory staff.

Security and monitoring

Most colleges expressed concern about security, safety and surveillance, especially in relation to the public areas of colleges. Many colleges have introduced security measures such as franchised security services, college-employed security staff, closed circuit (CC) TV, turnstiles, ID cards. Refectories were identified as the areas most commonly used by dealers. It was suggested that use of franchised catering and security services might exacerbate the problem because staff can be unfamiliar with the students and the college ethos.

Implications for teaching/learning motivation/retention

There was a general perception that most FE staff are unfamiliar with youth culture and drug culture.

Many colleges have identified the importance of a strong tutorial system in addressing issues, but in some cases tutorial hours have been reduced in the perceived interests of efficiency.

College initiatives

Colleges were introducing various initiatives to address drug use. They included:

Staff development

Many colleges have held one-off staff development events with presentations from police, drugs agencies and health services. The general impression of such events is that they are poorly attended; they sometimes present a 'shock horror' perspective; they tend to make staff feel inadequate in their ability to address drugs issues. A few colleges have extended drugs awareness training to all staff, in recognition of the fact that refectory staff, security staff and reception staff may have to deal with drug-related issues.

Staff/student resource packs

A few colleges have put together resource packs, mostly intended for use in tutorials. Three colleges are developing multimedia materials. Several are using the Leah Betts video and materials from organisations such as Healthwise and TACADE.

Peer education

Four colleges referred to peer education as a useful strategy. One college has a project which makes extensive use of peer education.

Theatre in education

Three colleges referred to the use of theatre to raise awareness of drugs. Many colleges have involved their performing arts programmes and two colleges were considering how to combine peer education and theatre in education.

Curriculum integration of personal and social education

Most, but not all, colleges reported that personal and social education, including drugs education, is integrated in programmes such as Psychology and Health and Social Care. In one college engineering students had alcohol and drugs education as part of their Health and Safety at Work training.

Tutorials

Most colleges identified tutorials as the most appropriate place for drugs education. Several colleges were considering how they might enhance the skills of tutors, and the tutorial programme. Some colleges found a reluctance

among staff to develop tutoring skills and to address drugs education within tutorials. Moreover, some colleges are cutting tutorial hours to meet targets.

Improving security systems

Several colleges had recently improved their security systems and others identified the need to do so. All the respondents who had introduced security staff, identity systems, CCTV, and so forth reported positive benefits perceived by staff and students. One respondent reports that the use of franchised security staff has not worked because staff change too frequently and they do not understand the ethos of the college. Another respondent found that franchised security staff have worked well once they had been included in the staff development programme.

Parent education/liaison

Only one college referred to parent education on drugs issues at open evenings.

Improved student guidance and support

Several colleges mentioned that they are improving support services by making them more comprehensive.

Drop-in centres/weekly clinics

A few respondents referred to the availability of drop-in centres and clinics where students would discuss sexual health and drugs issues with specialist staff.

Improved induction

Several colleges had included drugs education in the induction process.

Youth workers

Several colleges had engaged the services of qualified youth workers, mainly in cross-college roles to work closely with the student union and student services.

Using student information/ intelligence

Many respondents found that talking to students gave good information about drugs use and dealing. Liaison with the student union also provided a lot of information. One college has set up a small drugs project group which included students.

Sponsored/funded projects

Only two colleges have acquired external funding for specific drugs projects.

Counselling services

Trained/untrained college counsellors

It is mainly larger colleges that employ professionally trained counsellors and offer a very comprehensive counselling service which includes a counsellor with some drugs training. Several student counselling services could offer the services of a qualified nurse who can take on health-related issues. Two colleges report that they had franchised counselling services. Although few colleges had counselling staff with specialist drugs training, many had established links with local drugs agencies and made referrals as required. A few colleges reported that local drugs agency staff offered a service within the college.

Some colleges have no professional counsellors, but they have special tutors/'senior tutors'/ 'super tutors' who have a counselling role. One college had appointed a key worker on each of its many sites to support staff in dealing with drug-related problems. This was working well.

Group work/tutorial work

Several colleges involved student counsellors in tutorials relating to personal and social education and drugs education.

A few counsellors co-ordinated groupwork for students who wished to address particular issues including drugs.

One college has a focus group, led by a counsellor, which is considering how the college can best deal with drugs issues.

College policies

There was a wide variety of approaches to policy amongst the 30 colleges interviewed:

- three colleges had no drugs policy and no plans to formulate one
- eight colleges were in the process of formulating policy and going about it in different ways, variously one member of staff, a staff/student working party, legal advisors or staff working group formulating policy. Most colleges were trying to strike a balance between discipline and support; one college intends to emphasise an inter-agency focus; another to focus on positive health
- three colleges had established drugs policies which were currently under review. One of these was located within a pastoral policy. Again there were concerns about the balance between discipline and support
- four colleges had drugs policies in place and had no plans for changes
- two colleges had a drugs policy within the strategic plan
- three colleges had separate drugs policies for staff and students
- one college had addressed drugs within its health and safety policy
- one college had addressed drugs within its behaviour policy
- one college has addressed drugs within its health policy
- four colleges were considering formulating a drugs policy. One respondent said we are holding back until we are clearer about the nature of good practice'.

Smoking policy

All respondents had no-smoking policies. Some colleges provided a smoking zone in college for staff only, others provided zones for staff and students. Some colleges did not permit smoking at all in college; this sometimes gave rise to problematic clusters of smokers at entrances.

Alcohol policy

Most colleges had licensed bars and/or restaurants where alcohol consumption was permitted. Several respondents are less clear about alcohol policy. Some stated that alcohol consumption is a declining issue compared with drugs, but others regarded alcohol as a greater problem. A few referred to a long-standing problem of Friday lunchtime drinking at local pubs and failure of students to return to college in the afternoon.

Previous LEA advice

Two colleges mentioned that they miss the advice and support provided by experienced LEA advisers before incorporation.

Policy enforcement

Several colleges were concerned about the legal implications of their policy and enforcing it.

Guidelines and handbooks

Several colleges were producing, or had already completed, handbooks and guidelines for students and staff on drugs, behaviour and health.

Examples of college policy documents can be found in the appendix.

Issues and concerns

The high level of response to the FEDA survey questionnaire, and the willingness of respondents to participate in the telephone survey are indicative of the level of concern about drugs issues. There was a growing perception of an increase in the social use of drugs and the main concerns are these:

Impact on learning and motivation

'You can't learn when you're high' is the message that one college is conveying to its students.

Impact on vulnerable students

There were concerns about vulnerable — low achievers/disaffected/care in the community — students with reduced taught hours. Many students had 15-18 hours of independent study per week.

Where to locate drugs education

There were differing perceptions about the place for drugs education: personal and social education (PSE), the entitlement curriculum, the enrichment curriculum', core/key skills and tutorials were suggested as alternatives.

Behavioural problems

Several colleges were concerned about behavioural problems which might be related to drugs. One respondent stated 'we cannot prescribe behaviour outside college, but we can determine standards within college and take swift action to deal with the problems'.

Moral matters

There were concerns about the moral and social obligations of the college. To what extent should colleges interfere with the personal lives of students?

Peer pressure

There was concern that peer pressure may be a significant factor in the use of drugs.

Drugs-related crime

A few colleges expressed concern about drug-related crime including theft and robbery.

Security

Getting the right level of security was a concern for many colleges.

Funding

Most colleges regret that current FEFC funding arrangements could not readily accommodate whole college initiatives on drug use and health promotion.

There was a general recognition that such approaches are necessary to address the issues.

Staff resistance

Several colleges found that staff are reluctant to address drugs issues within their teaching roles. This problem is exacerbated by a shortage of appropriate resources, and inappropriate teaching techniques.

Police approaches

Several colleges had difficulty in understanding police approaches to drug users and dealers in their areas.

> *If possible the college wants to avoid the need to introduce high security measures, and currently there is a debate about how to strike a balance between the needs of health and safety and overall security against open student access and freedom to use the facilities. To date the college has tried to develop a non-confrontational approach based on knowing their own student population. There is concern that if the drug problem grows to any significant extent, measures required to control it may detrimentally affect the customer-friendly culture which the college has been at pains to encourage.*
>
> (A multi-site medium-sized FE college serving a broad socio-economic spread.)

> *The college is geared to helping students in their work and not interfering in their personal lives, unless it is affecting their studies. Drugs are seen as one of a number of factors which could influence a student's progress in the college, but we don't want to get it out of proportion and create a 'moral panic'.*
>
> (Single-site, sixth-form college serving a community with high levels of homelessness, unemployment, poverty and drug misuse.)

We are concerned with our image. Myths and rumours abound. We compete for students with several other providers. Do we admit to a problem? The schools don't!

(Small rural tertiary college.)

The college is currently considering the need to introduce procedures designed to strongly enforce its policies on substance misuse, but sees that a balance needs to be achieved. The college would like to get across the message that 'you can't learn when you're high'.

(Medium-sized, multi-site urban FE college.)

5. College case studies

Four colleges were invited to produce case studies. They were at different stages, and had different approaches to developing policy and practice in tackling drugs. None of them claimed to have a definitive model for tackling drugs but they shared a common concern to acknowledge and address the issues.

a. Amersham and Wycombe College

Background

This split-site FE college is at an early stage of developing a code of conduct and a drugs policy with a customer focus. The policy is intended to ensure consistency in the way the college tackles substance abuse on its premises in terms both of its legal obligations and internal procedures. It involves full co-operation with the police authorities in upholding the law on substance abuse. Policy formation is a major feature of the whole college drugs initiative which includes raising awareness of drug misuse and its consequences.

The drugs initiative

The aims include:

- to build expertise amongst members of staff about drugs and their effects
- to formulate action plans for dealing with drugs incidents
- to guide policy through the college committee structure and ensure that it is adopted throughout the college
- to encourage the student body to take ownership of the policy
- to manage the sharing of the policy with external audiences
- to define the college as an organisation set against substance abuse
- to link the drugs policy to the college mission and values
- to keep open access and have a positive regime.

Identified constraints

Various obstacles may threaten the initiative. They include:

- the easy availability of drugs in the area
- peer pressure
- local parental disbelief
- lack of local community awareness
- variability of police response.

The policy

This includes a code of practice and guidance notes and sections on:

- dealing with police
- dealing with confidentiality
- breaking confidentiality
- dealing with parents
- informing parents
- confiscating drugs
- dealing with students under the influence of drugs
- first aid for drug users.

Potential problems:

- a new approach to combat the 'we've heard it all before' attitude
- the development of pastoral policy
- the need for a whole-college approach
- lack of staff confidence, awareness, skills and time
- external pressures and peer influence
- availability of drugs (wealthy middle class area)
- parental attitudes
- training first aiders.

Long-term issues

For the future the college hopes to develop:

- clear guidelines (pastoral policy)
- further development and enhancement of the tutor's role
- equal opportunities
- non-judgmental guidance

- enhanced working links with external agencies and experts
- awareness-raising for staff and students
- raised expectations of all students to maximise potential
- wider health promotion activities.

b. Barnsley College

Barnsley College is a large tertiary college situated in an area identified by the local authority as needing to work with drugs-related issues in 1987. LEA initiatives included the use of 'Skills for Adolescence', a TACADE (The Advisory Council on Alcohol and Drug Education) personal and social development package for developing confidence, assertiveness and decision-making skills. There is a tradition of multi-agency work using a personal development philosophy which has been developed since incorporation and linked to effective management of student support, education, and awareness-raising health and safety legal issues.

Policy

The policy has been developed to incorporate counselling and student support; tutorial systems; the work of the health and safety officer and the college security team; and links to external agencies. The overall aim is to develop a coherent strategy.

Principles

The college has identified two key principles for tackling drugs:

1) Confidence

- for staff in delivering drugs education using a variety of active teaching methods
- for students in knowing that they will be supported
- for managers and directors in accounting for legality, professionalism and learner-centredness.

2) Clarity of policy

- on the support available to staff and students (internal and external)
- on the consequences of illegal behaviour
- of guidelines to staff.

These two principles are embedded through:

- publications including a weekly bulletin to all staff and an annually updated policy handbook for tutors
- staff development sessions (centrally and within areas) including counselling skills training, materials/packages to support staff
- inputs to programme areas (by request, and including specific sessions for parents) by the counselling team and health service staff
- specific training for some tutorial staff
- joint staff and student sessions including internal college communications networks
- advertising the national drugs helpline
- co-operation with drugs squad, police, health promotions on training, awareness raising, sharing information and planning
- links with specific teams e.g. genito-urinary (GU) clinic, HIV/AIDS counselling, substance misuse.

c. Cirencester College

This small/medium-sized, single-site, rural tertiary college emphasizes pastoral work provided through the student services unit. The college caters mainly for 16-19 year old students. Parental expectations are high and the college is concerned about its image. The student services team has developed:

- a guidance strategy
- a college code
- a student charter.

The college acknowledges the need to develop policy and strategies to tackle drugs.

Current activities

Specific positive activities include:

For staff

- awareness-raising sessions presented by the police drugs squad and the health authority
- co-operative working with the local drugs forum.

For students

- awareness-raising sessions presented by the community drugs team
- seminars and projects arranged within the Humanities and Social Science Faculty
- Health and Fitness day (organised by GNVQ Leisure and Tourism students)
- health promotions (Health authority awareness raising days and display materials)
- helplines advertised
- experienced counsellors available
- information bus visits to the college site.

Barnsley College SWOT analysis of alcohol and substance misuse education and support

Strengths	**Weaknesses**
whole-college approach (integrated into positive cross-college support networks) clear college policy linking counselling, security and health and safety availability of experienced counsellors experienced 'low key' security team - health and safety team to ensure a safe college environment and provide advice for staff and students flexible responses and a continuum of support guidance for staff responses recognition of student individuality, e.g. many students are parents and issues for them may be different college representation on cross-authority multi-agency team to tackle drugs and alcohol misuse tutorial inputs now include access for part-time students	the wide range of staff confidence, skills and awareness difficulty of keeping up to date with types and availability
Opportunities	**Threats**
incorporate drugs education cross-college including confidence building, personal development and awareness raising produce a calendar of specific awareness-raising events linked to other agencies and national days extend staff training in experiential teaching methodologies increase the priority profile of tackling drugs for all staff and students	external forces and influences on students increase in drugs and substance misuse by range availability of drugs links with deprivation, depression, escape and peer influence earlier experience of drugs for students pre-16

BEST COPY AVAILABLE

d. University College, Suffolk

University College, Suffolk is a large urban institution. In 1994 it successfully bid for Suffolk Health Promotion Development Fund sponsored by Suffolk Health Alliance to run a multi-agency peer education project on effective drugs education with experimental/recreational drug users. The project, which is now completed, builds on work with a HIV/AIDS peer education model. It is central to the college's approach to tackling drugs.

The college is committed to working alongside others including the Community Drugs team, Allington NHS Trust, Suffolk Constabulary Drug Squad and the College's student union in tackling drugs and towards achieving the population health targets set out in the 'Health of the Nation' Government White Paper (1992).

The project

The project began with a questionnaire created, piloted and distributed by students to discover their fellow students' level of knowledge about drugs and their ideas on drug information/education. Student approaches then included performance pieces and workshops; a booklet on user's experiences; a debate between schools; introducing drugs issues into hairdressing appointments; a computer-based interactive drug questionnaire and a 'Day in the Life' (of an opiate addict) approach.

The major process gains include:

- a productive working relationship between participating agencies
- the range and quality of drugs education for over 200 participating students, from 15 different courses drawn from all five of the College's faculties, working on over 20 different approaches
- the new perspectives gained by college tutors and the community drug team in working together
- tutors' enhanced knowledge of drugs and drug-related issues and the community drugs teams' improved skills in facilitating structured learning
- the formal and informal staff development activity stimulated by the project and effectively delivered by the community drug team and the drug squad.

Other process issues raised by the project are:

- the presence of drug out-reach workers who have developed excellent personal relationships with students
- the challenge of sustaining student interest in project work over an extended time across a range of courses
- the amount of time needed to conduct credible research.

The outcome gains of the project include:

- the research findings (including the significance of magazines for young women, the prevalence of 'shock horror' stories and the significance of peer groups and friends)
- evaluation and further development of materials: apart from their friends/peers, students identified videos and leaflets as their most valuable source of information preferably in the forms of the experiences of current or ex-drug users and simple factual information. They appeared to be well informed about the deleterious effects of drugs. Some students felt there were significant pressures placed on young people to take drugs.

Further developments

Advice from a commercial multimedia company specialising in the production of teaching/learning packages is that:

- interactive CD-ROMs supported by other resource material for teachers and pupils have significant potential
- a 'drugs' focus is too narrow — broaden it to other personal and social education issues, e.g. sexual health. It then becomes more attractive for teachers and therefore more commercially viable

- change the target age group from 16-24 to 13-18 to capture the school/national curriculum market as well
- explore the issue further with the National Council for Educational Technology (NCET).

Longer-term issues

The college has identified the following areas for development:

- a drugs policy and framework including guidance for staff and linking this to student disciplinary procedures
- credible staff development and support to maximise take up
- guidelines to students on the college's position and support services if they are found in possession
- ways of enhancing and resourcing specialist drug service support to students
- health promotion and education either within the curriculum or as part of an accredited enrichment programme.

Learning points
Partnerships are the way forward (both for funding and practice).
Benefits can be gained from working alongside schools and the community drugs team (there is a need for a drugs team on campus).
Peer learning can work well but careful consideration should be given to design and delivery.

6. The way forward for FE colleges

Tackling Drugs Together sets out the following national objectives.

Increasing the safety of communities from drug-related crime:

- to see that the law is effectively enforced, especially against those involved in the supply and trafficking of illegal drugs
- to reduce the incidence of drug-related crime
- to reduce the public's fear of drug-related crime
- to reduce the level of drug misuse in prisons.

Reducing the acceptability and availability of drugs to young people:

- to discourage young people from taking drugs
- to ensure that schools offer effective programmes of drug education, giving pupils the facts, warning them of the risks and helping them to develop the skills and attitudes to resist drug misuse
- to raise awareness among school staff, governors, and parents of the issues associated with drug misuse and young people
- to encourage youth services and other agencies in contact with young people to play a part in alerting them to the dangers of drugs, and advising those who may already be experimenting of services available to help them to stop
- to encourage FE and HE institutions to provide appropriate prevention, counselling and support services
- to minimise the proportion of young people who experiment with drugs
- to develop effective local public education strategies focusing particularly on young people.

Reducing the health risks and other damage related to drug misuse:

- to protect communities from the health risks and other damage associated with drug misuse, including the spread of communicable diseases
- to discourage people from misusing drugs and to enable those who do so to stop
- to ensure that communities have access to accurate information about the risks of taking illegal drugs
- to ensure that individual drug misusers have access to a range of advice, counselling, treatment, rehabilitation and after-care services
- to reduce the health and social damage that individual drug misusers inflict upon themselves
- to ensure families of drug misusers have access to advice, counselling and support services.

Meeting the objectives

The chair of each team is required to establish drug reference groups with membership which represent local communities. Principals of FE colleges are nominated in the list of likely organisational representatives.

The White Paper stipulates that the following elements be incorporated in the terms of reference which assess the nature and scale of local drug misuse and advise the drug action team on appropriate and effective measures to tackle them effectively:

- to provide a local forum to exchange information about good practice and new initiatives
- to involve local communities in action to make progress against all three strands of the statement of purpose.

FEDA strongly urges college principals to take up membership of their local drugs reference group. In so doing, they will benefit their organisation by developing community links, and moreover, they will gain access to the

development funds earmarked for drugs action teams and drugs reference groups.

College principals can also ensure that local performance indicators include the development and availability of services within their institutions.

The White Paper suggests that drugs reference groups monitor progress in:

- the availability within colleges of guidance for young people's access to drug advice and counselling services
- the availability, quality and take-up of appropriate drug education training by teachers.

Youth services

The White Paper recognises the valuable contribution of the youth services to education and prevention. Youth services are eligible, in partnership with other volunteer agencies and health authorities, to apply for funding for projects which meet the needs of young people at risk or in the early states of drug taking. Several colleges in the FEDA study cited youth service links, including the employment of youth workers in college. There are potential gains in such arrangements, including bridging the cultural gap between student and teacher, the FEDA survey indicated that many teachers are not conversant with youth culture, a finding corroborated by the Parker, Measham and Aldridge Study.

The HEA campaign

Colleges will be aware of the Health Education Authority's national Drugs and Solvent publicity campaign. The launch of the campaign in November 1995 focused on the promotion of the National Drugs Helpline and the 'informed choice' factual approach taken by the campaign. The HEA has recently published an information exchange bulletin which it intends to produce on a bi-annual basis providing the opportunity for both the HEA and drug agencies to provide updates and information about their activities. The HEA has also produced a range of eye-catching publicity posters and leaflets. Advertisements are being placed in magazines and newspapers to alert parents and young people to the facts and health risks associated with use of drugs and solvents. Special radio and television programmes are also scheduled. Young people have been targeted in two groups: the 11-15 year olds and the 16-24 year olds so colleges should be particularly aware of the materials targeted at the latter group.

The second HEA National Drugs survey of 5,000 11-35 year olds is currently underway across England, with funding made available in 1997.

LEA initiatives

Some recent LEA initiatives in drugs education are described by Capey[4] (1996). They include the 16 projects funded through the GEST programme (1995-6) for their innovative approaches to drugs education. These include: theatre in education, arts festivals, working with ethnic minority communities, involving local sports stars and clubs, establishing consortia of schools and peer education. LEA initiatives continue to be supported by the GEST programme for 1996-97. Colleges are advised to find out what part their LEAs are playing alongside other agencies in their communities.

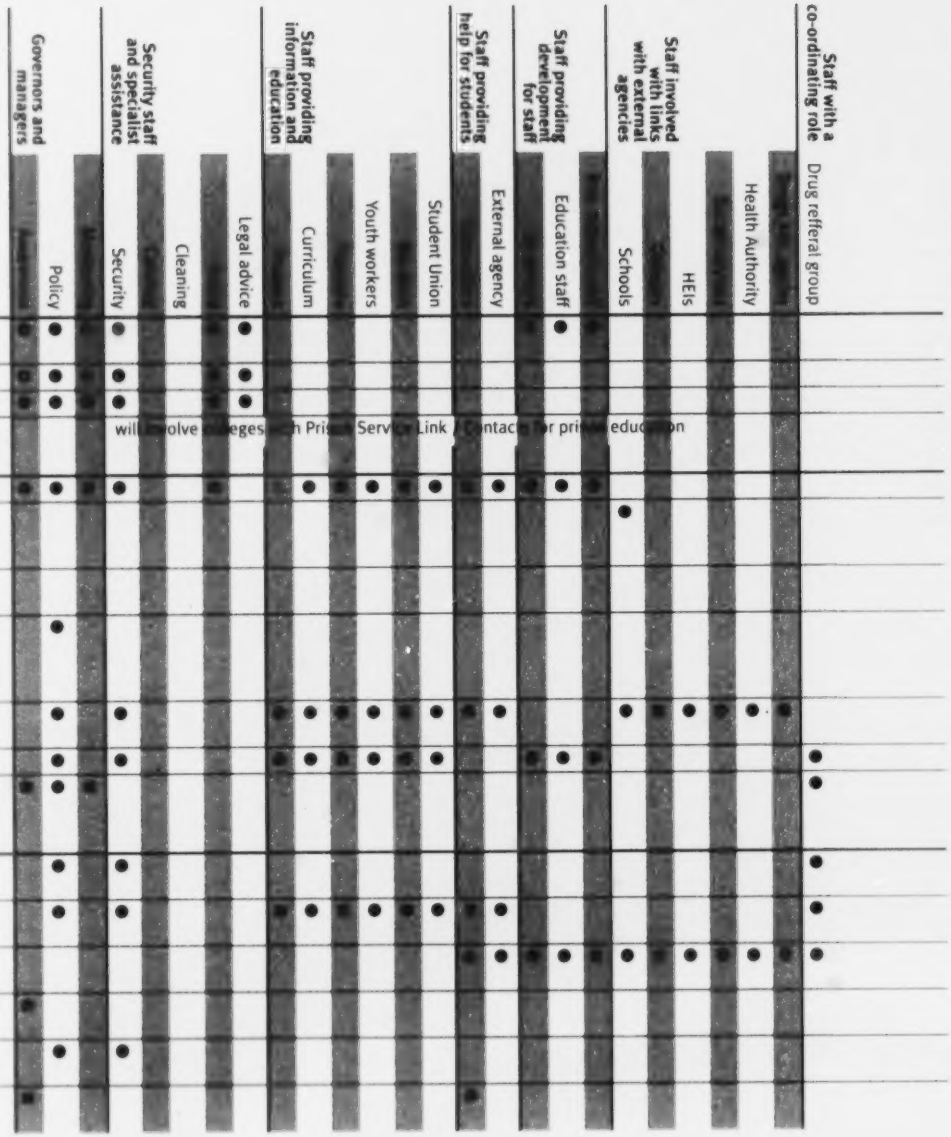
Self-assessment and action plans

Finally, if colleges are to tackle the challenges illustrated in *Drugs Futures*, they will need to a self-assessment and action planning process to develop consistent policy and practice. We suggest two frameworks.

- Figure 12: an action planning inventory incorporates the relevant national *Tackling Drugs Together* objectives and indicates the responsibilities of governors and college staff with activities and agencies they will work with. It can be used to assess current activity.
- Figure 13: provides a sequence or flowchart for action plans. It is adapted from the FEDA publication *Towards Self-Assessing Colleges* by Stella Dixon.

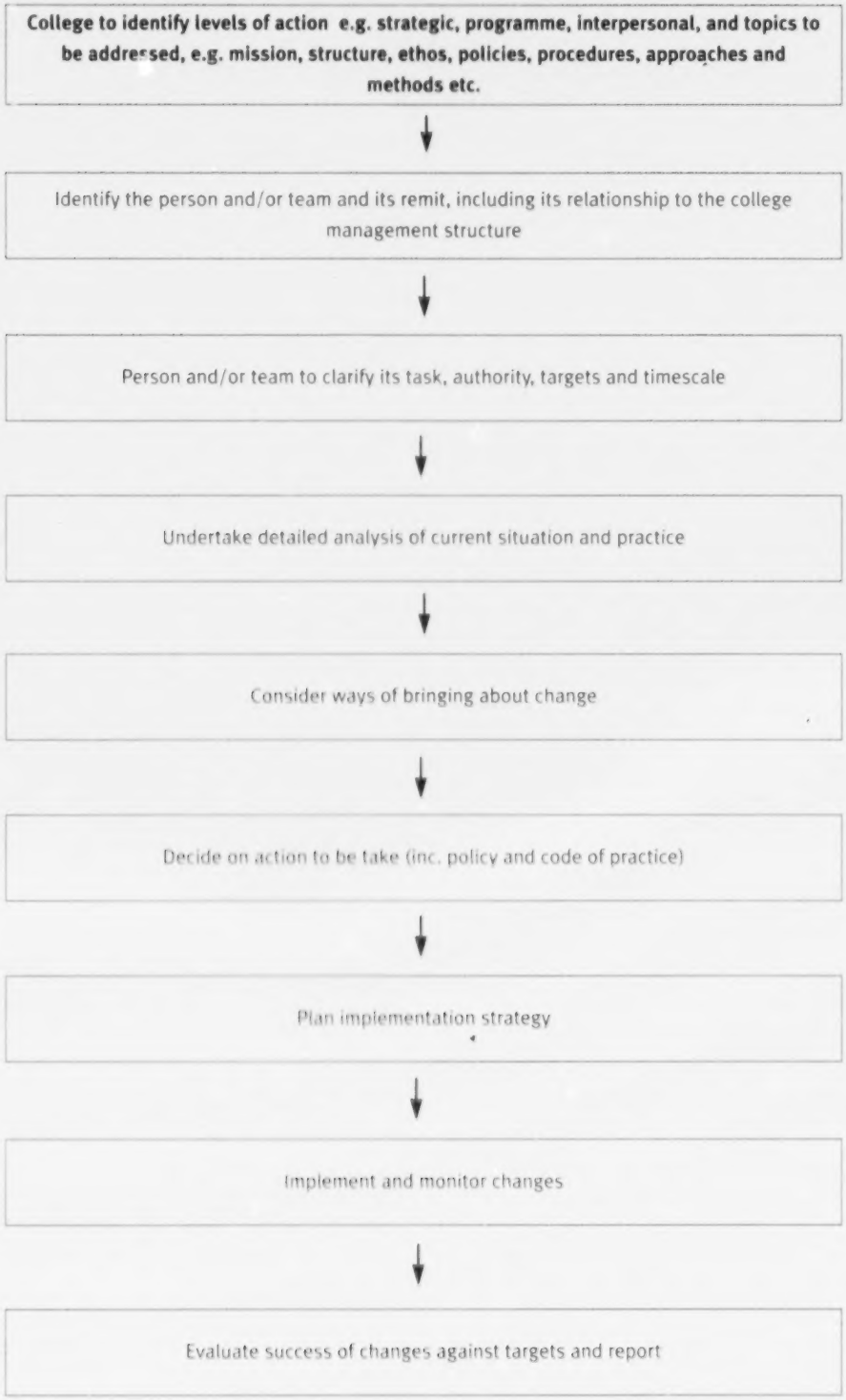
Figure 12: Action planning inventory

The Government White Paper *Tackling Drugs Together* sets out the following national objectives


Governors and managers
Policy
Security staff and specialist assistance
Security
Cleaning
Legal advice
Staff providing information and education
Curriculum
Youth workers
Student Union
Staff providing help for students
External agency
Staff providing development for staff
Education staff
Staff involved with links with external agencies
Schools
HEIs
Health Authority
Staff with a co-ordinating role
Drug refferal group
Increasing the safety of communities from drug-related crime
• to see that the law is effectively enforced, especially against those involved in the supply and trafficking of illegal drugs
• to reduce the incidence of drug related crime
• to reduce the public's fear of drug-related crime
• to reduce the level of drug misuse in prisons
Reducing the acceptability and availability of drugs to young people
• to discourage young people from taking drugs
• to ensure that schools offer effective programmes of drug education, giving pupils the facts, warning them of the risks and helping them to develop the skills and attitudes to resist drug misuse
• to raise awareness among school staff, governors and parents of the issues associated with drug misuse and young people
• to encourage youth services and other agencies in contact with young people to play a part in alerting them to the dangers of drugs, and advising those who mat already be experimenting of the services available to help them stop
• to encourage institutions of further and higher education to provide appropriate prevention, counselling and support services to their students
• to minimise the proportion of young people who experiment with drugs
• to develop effective local public education strategies focusing particularly on young people
Reducing the health risks and other damage related to drug misuse
• to protect communities from the health risks and other damage associated with drug misuse, including the spread of communicable diseases
• to discourage people from misusing drugs and to enable those who do so to stop
• to ensure that communities have access to accurate information about the risks of taking illegal drugs
• to ensure that individual drug misusers have access to a range of advice, counselling, treatment, rehabilitation and after-care services
• to reduce the health and social damage that individual drug misusers inflict upon themselves
• to ensure families of drug misusers have access to advice, counselling and support services

BEST COPY AVAILABLE

Figure 13: A summary flowchart for college action plans


College to identify levels of action e.g. strategic, programme, interpersonal, and topics to be addressed, e.g. mission, structure, ethos, policies, procedures, approaches and methods etc.
Identify the person and/or team and its remit, including its relationship to the college management structure
Person and/or team to clarify its task, authority, targets and timescale
Undertake detailed analysis of current situation and practice
Consider ways of bringing about change
Decide on action to be take (inc. policy and code of practice)
Plan implementation strategy
Implement and monitor changes
Evaluate success of changes against targets and report

Appendix: examples of college drugs policy statements

Amersham & Wycombe College drugs policy

AMERSHAM & WYCOMBE COLLEGE DRUGS POLICY

Policy Statement

This Policy is intended to ensure Amersham & Wycombe College is consistent in the way it tackles occasions of substance abuse on its premises both in terms of its legal obligations and internal procedures.

The College is committed to a safe and secure environment for all its customers. To assure these standards any user of its premises may not under any circumstances supply, or use any controlled drug. Any person found using, supplying or producing controlled drugs or unauthorised alcohol, will be asked to stop or leave the premises for as long as they are involved in the activity. In the case of students they will subsequently become subject to disciplinary procedures. In the case of 'visitors' involved in the supply of drugs, details of them and their activity will be passed to the Police.

The College will cooperate fully with the Police authorities in up-holding the law on substance abuse as is the legal responsibility under the Misuse of Drugs Act (1971). However, where no breach of the law is involved, the confidentiality of the students will be maintained unless there is an immediate and significant risk to the person(s) concerned, or to other users of the premises.

The College will also endeavour, through staff training and student health education programmes, to raise the awareness of drug abuse and its consequences.

April 1996

Definition

1.	**Premises**	for the purpose of this policy, premises shall include all buildings, grounds and motor vehicles parked upon its grounds.
2.	**Supply**	(or trafficking) shall not only mean the exchange of goods for money but also include giving drugs away without charging for them.
3.	**Drug User**	refers to any person taking, administering or possessing an illegal substance whilst on the premises. It does not include persons known to use drugs but who are not doing so whilst on the premises.
4.	**Drugs**	refers to all controlled drugs listed under the Misuse of Drugs Act (1971) and includes all three categories (A, B and C). Unless otherwise stated it will also include the drinking of alcohol.

April 1996

CODE OF PRACTICE AND GUIDANCE NOTES

1. It should be the intention of staff at all times to take reasonable steps to prevent the use of controlled drugs upon College premises.

2. If a member of staff observes a drug user, they should exercise discretion over any action they take, based upon whether they know the person concerned.

3. An immediate attempt should be made to locate and inform the Duty Manager who with the Operations or Customer Services Team will identify the drug user and inform the Director of Operations & Customer Services.

4. If the user is excessively intoxicated by the drugs a first aider should be called.

5. Should this member of staff be unable to follow through the incident they should then contact Reception who will contact the Duty Manager.

6. If a drug user appears to be a 'visitor' then the Duty Manager or the Campus Manager should be called who will invite the person to leave, escort the person off the premises, or call for help.

7. Any incident should subsequently be reported to the relevant Manager and/or Study Tutor.

8. If a member of staff observes anyone supplying drugs, they should immediately notify the Duty Manager who will inform the Director of Operations & Customer Services. It will be at the discretion of the Duty Manager to act immediately or to collect information which will be of use to the Police.

Dealing with Police

1. The Police will always be given consent to enter College premises. In such an event they should be directed to the College Reception who will contact:

   - The Duty Manager
   - The Campus Manager
   - The Director of Operations & Customer Services

2. Wherever possible the Police should be inconspicuously invited to use a private Interview Room and any participants in the incident required for interview be brought to the room as discreetly as possible.

3. The above procedures are intended to minimise any disruption to the College community and should not be construed as "obstruction" to Police investigation.

Dealing with Confidentiality

1. Although Police access to the premises is guaranteed, there are special rules governing their entry into buildings containing confidential, medical, personal counselling and welfare services.

Since tutors personal files fit this category, no data will be released to the Police unless authorised by the Director of Operations & Customer Services (Data Protection laws will apply). In her absence Duty Manager and Campus Manager may authorise release of data.

2. Staff need to build trust to support customers and any breach of that trust must be carefully considered.

3. Any staff member receiving information in confidence about drug use by a student, is not obliged to divulge the information. It is not an offence to maintain confidentiality. Such information is "hearsay" and could not be used as evidence.

4. Staff may therefore, maintain confidentiality and are not obliged to inform the police or line-managers if they learn that a person has used illicit drugs, or if they see a student away from the College in possession of illicit drugs. They are advised, however, to share this confidential information with the Director of Operations & Customer Services who will monitor the situation.

5. It is an offence, however, to knowingly give false information if questioned by the police about an offence that a staff member has witnessed.

6. Confidentiality should be broken by passing on information when there is a perceived immediate and significant risk to the student or others and if, by involving a third party, that risk will be reduced.

7. The typical third party may be:

   * the line manager
   * the student's study tutor
   * members of Customer Services
   * the student's parents (if under 18)
   * Campus & Curriculum Managers
   * Director of Operations & Customer Services
   * members of the Senior Management Team

8. It is important at the earliest stage of discussing such personal issues with customers, to be clear about the degree of confidentiality they can expect.

9. Staff should take care when being drawn into general conversation, to avoid being considered "a party to drug use". For example, a comment such as "Don't smoke pot in the College, go outside and do it", could conceivably be grounds for a charge of **conspiracy** (an agreement by two or more people that one shall break the law) or **incitement** (encouragement by one person to another to commit an illegal act).

Breaking Confidentiality

1. Before considering breaking confidentiality the member of staff should consider the following:

   - What will happen if you do **not** break confidentiality?

   - What specific harm or risk is there which justifies the break?

- What will the consequences be for the young person and also the person receiving the information (see "Dealing with Parents")?

- What will be the consequences to the member of staff and what effect will the disclosure have on the relationship with the student or with other students?

2. Any decision to break confidentiality should usually be preceded by informing the student that this is about to happen and the reasons for that decision.

Dealing with Parents (where students are under 18)

1. Whilst the College recognises the concern and interest parents have in the young person, staff should always place the best interest of the young person first.

2. Any decision to contact parents should be agreed with the Director of Operations & Customer Services or in her absence the Duty Manager, Customer Services or Campus Manager.

3. Confidence can be protected during discussion with a third party, by asking for advice without revealing names.

Informing Parents

1. All encouragement should be given at this stage to the student to tell parents him/herself. Support should be provided to do this, even if it requires the prior involvement of a third party, (e.g. College Counsellor).

2. Consideration should be given to the most appropriate manner of communicating with the parents. Writing, phoning or inviting parents into the College are available options.

3. In preparation for the disclosure, consideration should be given to the likely support parents may need themselves. This may be the provision of information by Customer Services who in turn, will be able to provide details and recommendations of various external drugs advisory services.

Confiscating Drugs

If any member of staff is given, finds or confiscates illegal drugs or injecting equipment, the following procedures should be followed:

1. If the substance is any of the list below, it is not a controlled substance and should be passed on to the Director of Operations & Customer Services who will arrange for its disposal in the presence of another member of staff.

- anabolic steroids
- alcohol
- amyl and butyl nitrates
- solvents
- Kelamine
- magic mushrooms (raw)

2. Where the substance cannot be identified or is suspected of being one of the controlled group (See appendix 1), action should be taken quickly to avoid the risk of prosecution for possession or any suggestion it is being kept for personal use by staff. Such substances should be handed to the campus Duty Manager who will pass them to the Director of Operations & Customer Services.

3. The Director of Operations & Customer Services may wish to have the substance identified, particularly if disciplinary measures are intended against the drug user. In such situations, the substance will be passed to the appropriate authorities for identification.

4. It is not illegal to possess injecting equipment. However, because of the health risk, possibly from the HI Virus, but more likely from Hepatitis, used injecting equipment should be disposed of carefully. Specific details of Health & Safety arrangements will be agreed with the Safety Officer.

Dealing with Students Under the Influence of Drugs (excessively intoxicated)

1. The law requires that we should make every effort to remove the drugs from the premises. This does not, however, apply to the drug user.

2. It is essential to remember that if a drug user is escorted off the premises, it could result in him/her being left to cope in a more dangerous environment. Exclusion by suspension used as an immediate disciplinary measure may also lead to the drug user becoming isolated, preventing communications with the College and precluding any possible help.

3. Our obligation to customers who are drug users therefore requires supportive as well as disciplinary measures. The following procedure and guidance notes are intended to ensure that.

Procedure

4. All drugs are disinhibitors and whilst under the influence judgement can be impaired. Fatalities from accidents whilst under the influence do happen. For a novice drug taker the first drug experience can be frightening, depending on what they have taken, their environment and the state of mind they were in when they took the drug.

5. It can be difficult to engage someone who is intoxicated in a sensible conversation. Wherever possible contact a first aider for advice and support.

6. Do not try to discuss drug taking with users under the influence other than to try and find out what they have taken, in case you need to administer first aid, or call for help. Discussing their drug taking can wait until they are "sober".

First Aid for Drug Users

If a drug user is found unconscious or has gone into a coma, a first aider should be sought. The following procedure is therefore offered as a guideline for all staff including those administering the first aid:

BEST COPY AVAILABLE

1. Try and stay calm. Do not move the casualty unnecessarily. Phone for an ambulance. Check their breathing and ensure that no tight clothing is obstructing the airways. If they are not breathing, resuscitation will be necessary.

2. Place the casualty in the recovery position to prevent choking on his/her own vomit. Do not give anything to eat or drink, keep the casualty warm and prevent crowds from forming to see what it going on.

3. Do not automatically assume that the drug-use is the problem. Check for any evidence, (tablets, bottles, syringes etc.) and give the evidence to the ambulance staff. Try and find out if the casualty is diabetic, epileptic or has any other medical conditions, or any physical injuries.

4. Keep any vomit material and give to ambulance staff. Try to arrange for someone known to the casualty to accompany them to hospital. Inform parents or guardians.

Appendix 1

Controlled Drugs are drugs that are listed under the Misuse of Drugs Act 1971. The Act is intended to prevent the non-medical use of certain drugs. It divides the drugs into three categories (A, B and C) depending on how dangerous the drug was thought to be at the time of legislation. The most severe penalties incurred for convictions for drugs are classified under the (MDA). Classified below are some of the most commonly used drugs.

Class A

Cocaine, opium, morphine, heroin, methadone, palfium, LSD, PCP, ecstasy, cannabinol and silicon (the potent property in magic mushrooms - if the mushrooms have been processed for use, e.g. dried, or brewed), any class B drugs prepared for injection.

Class B

Amphetamine, barbiturates, cannabis (herbal and resin), codeine in concentrations over 2.5% and DF118s.

Class C

Benzodiazepines (not illegal to possess without prescription, but illegal to sell).

9

INCIDENT PROCEDURE C

If a Person is under the Influence of a Mind Altering Substance:

REMEMBER: The policy is about removing drugs from the premises but not necessarily the user.

USEFUL TELEPHONE NUMBERS:

EMERGENCY SERVICES: 999
LOCAL HOSPITAL: 01494 526161

COLLEGE FIRST AIDER
(Contact Reception)

Is the user awake or unconscious?

If the person is under the influence but conscious:

It is difficult to talk to young people who are intoxicated, 'high' or hallucinating. Keep an eye on them and make sure that they do not wander off and get into dangerous situations.

1. Sit them down in a quiet room.

2. Open a window to allow fresh air in.

3. Do not shout or threaten them.

4. Talk quietly and calmly.

5. Help calm them down if they are distressed. Be as reassuring as possible.

6. Be ready to administer first aid if necessary.

7. Call for help if necessary.

Do not try to open up a deep discussion about their drug use until they are sober, possibly the next day.

After dealing with a situation involving first aid or overdose allow yourself some time to unwind. You may be in a state of shock and you may need the support of other staff. Do not be timid about asking for support.

NB: Chasing drug users can put extra strain on their hearts (especially butane gas users) and could prove fatal.

Mixing depressant drugs such as pain killers, tranquillisers and alcohol can be lethal.

SOURCE: 'Don't Panic' Health Wise

April 1996

If someone has lost consciousness or gone into a coma after taking drugs, first aid should take precedence over any other actions:

1. DO NOT PANIC

2. Do not move the casualty unnecessarily.

3. Do not leave them alone.

4. Call someone to ring for an ambulance and the College first aider (see below).

The first aider should:

5. Check to see if they are breathing (if they are not they will need resuscitating.

6. Put the casualty into the recovery position, (if they are breathing this will help them to breathe and stop them inhaling vomit if they are sick).

7. Help the casualty to breathe more easily by loosening clothing and removing any false teeth.

8. Do NOT give them anything to drink.

9. Do not automatically assume that drugs are the cause - check to see if they are diabetic or epileptic etc. and check for any injuries.

10. Collect any evidence of what has been taken - tablets, bottles, prescriptions, syringes etc. This will help medical staff to treat the casualty.

11. Keep any vomited material and show the ambulance staff.

12. If the casualty comes round reassure them. Keep onlookers at bay. Try to create a calm and supportive atmosphere.

13. Arrange for a member of staff to go to the hospital with the casualty.

DO NOT
Give them anything to eat or drink
Lie them on their back
Try to induce vomiting

INCIDENT PROCEDURE A
IF YOU FIND SUBSTANCES WHICH YOU BELIEVE ARE DRUGS:

Whatever you find you should take it straight to the Director of Operations & Customer Services who will have it identified and disposed of if appropriate

NB: If you find anything which may have body fluids on it (e.g. used needles and syringes or broken glass):

1. These items must not be touched without wearing protective clothing (i.e. gloves).

2. Take a sharp safe to the scene to dispose of needles etc. don't wander through the College carrying them, this could be dangerous.

3. Wash your hands thoroughly after this procedure.

The Misuse of Drugs Act 1971

Under this Act it is illegal to possess, traffick (supply, intent to supply, importing and exporting) or produce controlled substances.

The Medicines Act 1968

This Act governs the manufacture and supply of medicinal products. Possession for personal use of substances controlled under this Act (such as anabolic steroids and ketamine) is legal. Supply, however is illegal.

Substances such as alcohol, solvents, nitrates and raw magic mushrooms are legal to possess.

INCIDENT PROCEDURE B - CALLING THE POLICE

Telephoning the Police should be handled sensitively.

1. Inform the Duty Manager and/or Campus Manager and/or Director of Operations & Customer Services that the Police are to be/have been called.

2. When you phone to ask for a Police Officer to attend the College, tell them that it is a sensitive situation and ask them to report to College Reception.

3. Ask Customer Services to prepare an interview room to be used.

4. When the Police arrive at reception, have them shown straight to the interview room.

5. People to be interviewed should be taken to the interview room DISCREETLY.

6. CONFIDENTIALITY. Files on students and staff members etc. are confidential items and should be treated as such. It is not an offence to maintain the confidentiality of a College member. (Hearsay and rumours cannot be used in evidence). BUT REMEMBER - it is an offence to knowingly give false information.

NB: If you have called the Police to help you to remove people from the premises then it should be treated with just the same discretion. You should also inform the same people that you are going to have to/have called the Police.

BEST COPY AVAILABLE

The Recovery Position

In the recovery position, a person is laid on the floor without a pillow. Their head is turn on to one side as in the diagram. Any tight clothing should be loosened particularly belts, trousers around the waist, shirt buttons and ties. Ask the College first aider to demonstrate this to you if you do not already know how to put someone into the recovery position.

IF SOMEONE IS OBSERVED ON COLLEGE PREMISES SUPPLYING SUBSTANCES

This applies whether the substances are in exchange for money or they are being given away fee of charge.

1. IS THE PERSON INVOLVED A COLLEGE MEMBER?

YES ↙ ↘ NO

Remove from the premises and contact Duty Manager to possibly telephone the Police

IS THE SUBSTANCE CONTROLLED?

YES ↙ ↘ NO

Did a member of staff observe the incident?

YES ↙ ↘ NO

It is at your discretion either to act immediately (ie removing the dealer and/or the substances from the premises) and to contact Duty Manager and/or gather information to inform the Director of Operations & Customer Services who will decide whether or not to call in the Police.

Gather information before deciding whether or not to call in the Police.

Is Anyone at Risk?

YES ↙ ↘ NO

Contact First Aider

No further action need be taken.

NB: Any substances which you find and believe to be drugs should be taken to the Director of Operations & Customer Services who will deal with them.

6. REPORTING A DRUG RELATED INCIDENT (WHEN THERE HAS BEEN NO BREACH OF THE LAW)

Where there has been no breach of the law a person's confidentiality should be respected unless there is a risk to the person concerned or other people. The aim of this worksheet is to assist you in working out why you are concerned about this incident and deciding on the most appropriate course of action.

1. WHAT IS YOUR MAIN CONCERN?

.....

.....

2. WHAT WILL HAPPEN IF I TAKE NO ACTION?

.....

.....

.....

.....

.....

3. WHAT WILL HAPPEN IF I DO TAKE ACTION?

.....

.....

.....

.....

4. WHAT IS YOUR DECISION?

.....

5. WHAT ARE THE REASONS FOR YOUR DECISION

.....

.....

.....

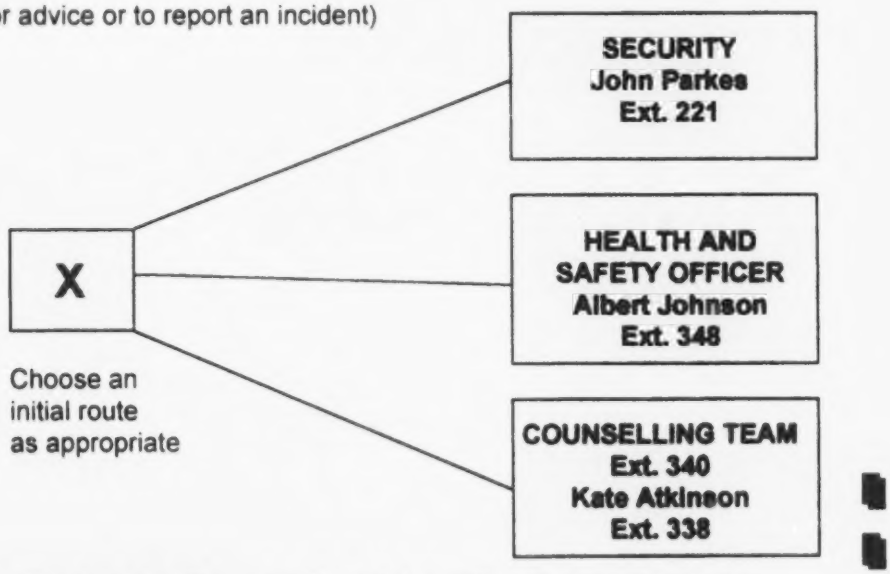
10

BARNSLEY

DRUGS AND SUBSTANCE MISUSE POLICY

COLLEGE SUPPORT FRAMEWORK AND REFERRAL SYSTEM

(For advice or to report an incident)



NB. Students/staff coming for advice will not automatically be reported to the Police, but:

- **All these teams have direct access to Drug Squad and Barnsley Substance Misuse Team**
- **All referrals to Police recorded by Security**
- **Information of Police reports are also given to Personal Assistant to Chief Executive**
- **The Counselling Team offer a support service for students in difficulty and offer a share problem-solving with staff as requested**

©BARNSLEY COLLEGE 1997

KA/NOT855.SG/D54/15/1/97

BARNSLEY College

DRUGS AND SUBSTANCE MISUSE POLICY

AIMS

To Deter:

- ***Drug using***
- ***Drug dealing***

To Support:

- ***Students or staff with concerns***

To 'Educate':

- ***To raise awareness of issues***

To Provide:

- ***Information***
- ***Practical help***
- ***Referral routes***
- ***Support and Counselling***

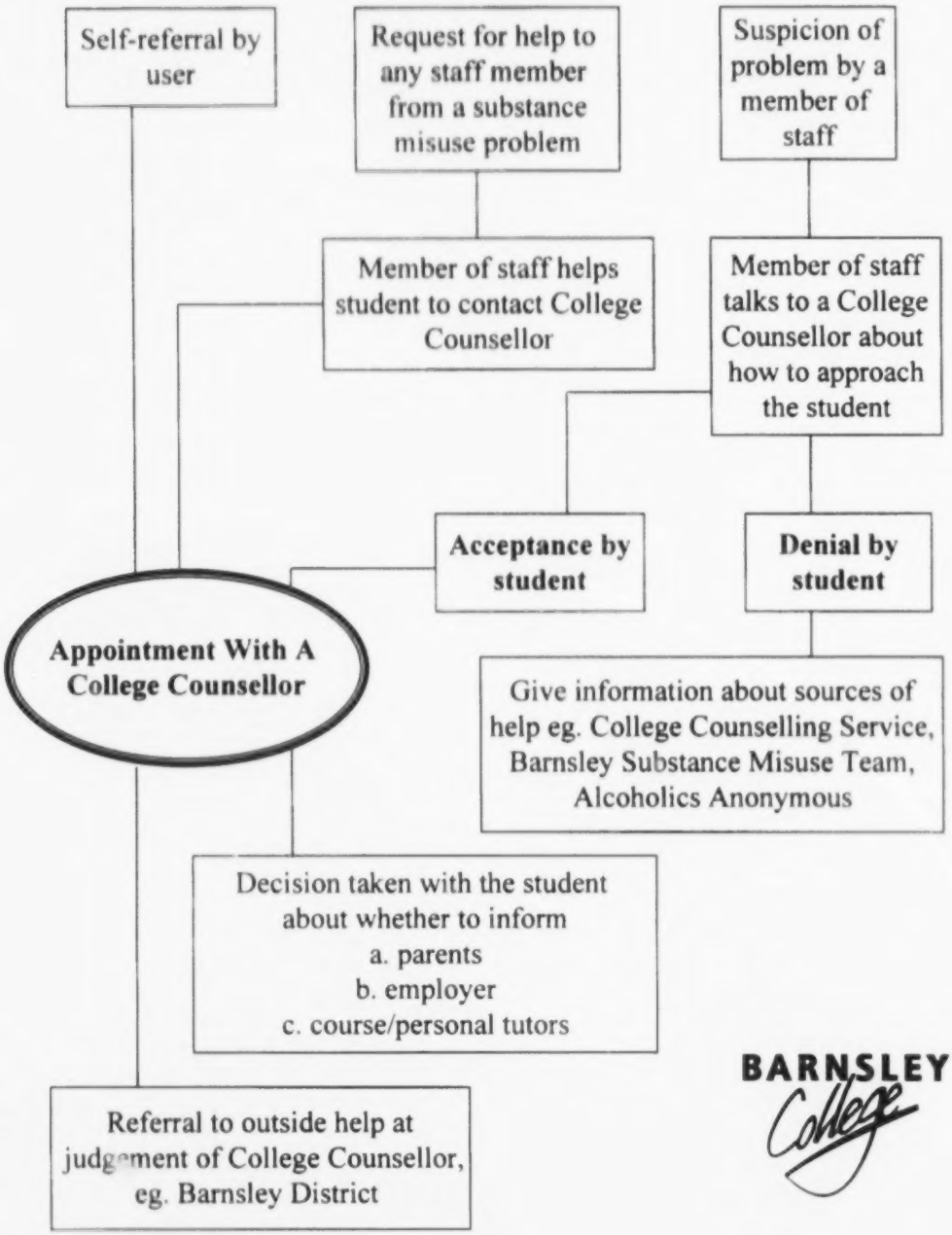
To Link:

- ***To other agencies***

© BARNSLEY COLLEGE 1997

KA/NOT855.SG/D54/15/1/97

NON-EMERGENCY INTERVENTIONS
Starting Points


Self-referral by user
Request for help to any staff member from a substance misuse problem
Suspicion of problem by a member of staff
Member of staff helps student to contact College Counsellor
Member of staff talks to a College Counsellor about how to approach the student
Acceptance by student
Denial by student
Appointment With A College Counsellor
Give information about sources of help eg. College Counselling Service, Barnsley Substance Misuse Team, Alcoholics Anonymous
Decision taken with the student about whether to inform
a. parents
b. employer
c. course/personal tutors
Referral to outside help at judgement of College Counsellor, eg. Barnsley District

BARNSLEY College

Substance Misuse Policy (Students) Statement

Barnsley College recognises that is has a duty to deter the misuse and/or dealing of any substances within the College grounds. This policy is not intended as a disciplinary code for drug-related offences, instead it aims to support students or staff with concerns and to raise awareness of issues through appropriate education. To this end, the College will provide information, practical help, referral routes and support and counselling with regard to any substance misuse-related issues, endeavouring to link in with other specialist and statutory agencies, where appropriate, in the interests of safety and good practice.

A. Substance Misuse Guidelines

These College guidelines are designed to help any member of staff deal with a substance-related incident in an appropriate manner. The term substance covers alcohol and solvents, as well as illicit drugs. It does not cover tobacco smoking.

The guidelines offer positive help and support for students with a substance misuse problem. They are not a disciplinary code for drug-related offences committed on college premises. It is acknowledged that use or sale of certain groups of substances on college premises is a disciplinary matter and must be treated as such, and may also involve external agency involvement, for example, the police.

Incidents of substance misuse affecting students are likely to fall into two (2) categories:

- those requiring emergency action; and
- those where a non-emergency intervention (and offers of support) are likely to prove more successful.

The guidelines are similarly subdivided.

Where a student is receiving help with a substance misuse problem, that information will be restricted to a 'need to know' basis. In most circumstances this will be the Counselling Team together with the person making the referral, and with the agreement of the student, her/his parents, employers and course/personal tutor.

Counsellors are available centrally and generally at Old Mill Lane Site - Ext. 340. The Head of Counselling and Student Support Kate Atkinson may be contacted on Ext 338.

Please make contact for initial discussions on any matter. The Counselling Team also have direct contact with Barnsley's Specialist Substance Misuse Team when appropriate. The latter may also be contacted directly on Barnsley 779066.

No guidelines can cover all eventualities and there may be instances when you have to use your best judgment; taking into account immediate safety of those around you and yourself, as well as the casualty. Nevertheless, it is hoped that the guidelines provide soundly based advice for dealing with any situation you are likely to encounter.

The Flowchart in section 1.2, describes various referral pathways, for ease of use, when there is suspected substance misuse by a student but where crisis intervention is not appropriate.

It's purpose is to make available, help and support to any students who acknowledge having such a problem. For interventions to be successful, students must feel convinced of the confidential nature of the service, hence the central role of the Counselling Team both as a source of advice on how to approach the student, and in working directly with the student.

BEST COPY AVAILABLE

References

[1]**Tackling Drugs Together** (1995) London, HMSO Cm 2846.

[2]Parker, H, Measham, F, Aldridge, J, (1995) **Drugs Futures: Changing patterns of drug use amongst English youth** London, Institute for the Study of Drug Dependency (ISDD).

[3]Health Education Authority **Drug Realities: National drugs Campaign Survey** (1996), London, HEA.

[4]Capey, M (1996) **Drugs Education - Recent LEA Initiatives,** Slough, Education Management Information Exchange (EMIE), National Foundation for Educational Research (NFER)

DfEE circular 4/95 **Drug Prevention and Schools. A Parents' Guide to Drugs and Solvents** Health Education Authority.

Contacts and resources

Some national organisations concerned with drug prevention and education.

Action on Smoking and Health 109 Gloucester Place, London W1H 4EJ. Telephone [0171] 935 3519 Fax [0171] 935 3463

Adfam National (the national organisation for the families and friends of drug users) 5th floor, Epworth House, 25 City Road, London EC1Y 1AA. Telephone [0171] 638 5860 Fax [0171] 256 6320

Association for the Prevention of Addiction 67-69 Cowcross Street, London EC1M 6BP. Telephone [0171] 251 5860 Fax [0171] 251 5890

Health Education Authority Hamilton House, Mabledon Place London WC1H 9TX Telephone [0171] 383 3833 Fax [0171] 413 0342

Healthwise 9 Slater Street, Liverpool L1 4BW Telephone [0151] 707 2262 Fax [0151] 708 9984

ISDD (Institute for the Study of Drug Dependency) Waterbridge House, 32-36 Loman Street, London SE1 0EE Telephone [0171] 928 1211 Fax [0171] 928 1771

Life Education Centres 10 Southwick Mews London W2 1JG Telephone [0171] 706 8966 Fax [0171] 706 8710

Local Government Drugs Forum 35 Great Smith Street, London SW1 3RJ Telephone [0171] 227 2813 Fax [0171] 222 0878

QUIT Victory House, 170 Tottenham Court Road London W1P 0HA Telephone [0171] 487 2858 Fax [0171] 935 2650

Release 388 Old Street, London EC1V 9LT Telephone [0171] 729 9904 Fax [0171] 729 2599

Re-Solv (The Society for the Prevention of Solvent Abuse) 30a High Street, Stone Staffordshire ST15 8AW Telephone [01785] 817885 Fax [01785] 813 885

SCODA (The Standing Conference on Drug Abuse) Waterbridge House, 32-36 Loman Street London SE1 Telephone [0171] 928 9500 Fax [0171] 928 3343

TACADE (The Advisory Council on Alcohol and Drug Education) 1 Hulme Place, The Crescent, Salford M5 4QA Telephone [0161] 745 8925 Fax [0161] 745 8923

The National Drugs Helpline [0800] 77 66 00 gives **FREE** advice about drugs, including personal advice on how to talk to your children about drugs, confidential counselling or information on anything to do with taking drugs. It can tell you about local services available in your area, what help they can give and how people can be referred on to more specialist services, such as hospital clinics or residential rehabilitation programmes. The lines are open 24 hours a day, every day. Anyone can call, whatever their age or interest in drugs. All calls are free and confidential.

FE MATTERS

FEDA paper

Price: £6.50

ISSN 1361 - 9977

BEST COPY AVAILABLE